PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.				10/640 206 Conf. #5200				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				, .pp		0/649,296-Conf. #5390		
FEE TRANSMITTAL				· · · · · · · · · · · · · · · · · · ·		August 26, 2003 Masahiro Kimura		
	For FY 2	005		Examiner Name		. R. Knapp	110	
Applicant claims small entity status. See 37 CFR 1.27						2182		
TOTAL AMOUNT OF PAYMENT (\$) 120.00			7 (1 (5) (1)		9795 (47793)			
METHOD OF PAYMENT (check all that apply)								
<u> </u>	x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	harge fee(s) indicate		ilector is	<u> </u>	-	cated below, e	cept for th	ne filina fee
l 🖳	harge any additional		ment of		t any overpa	·		
	e(s) under 37 CFR	1.16 and 1.17			-			
FEE CALCUI	G, SEARCH, AND E	YAMINATION EE	E6		-			
I I. BASIC FILIN		ILING FEES		ARCH FEES	EXAMIN	ATION FEES		
Application T	Fan (Small Entity	_	Small Entity		Small Entity		
Utility	<u>ype Fee (</u> 300		Fee (\$		<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	rees i	Paid (\$)
Design	200		100	50	130	65		
Plant	200		300		160	80	-	
Reissue	300		500	250	600	300		
Provisional	200		0	0	0	0		
2. EXCESS CL	AIM FEES							Small Entity
Fee Description Fee (\$)								
	Each claim over 20 (including Reissues) 50 25							
1						100		
Total Claims		Foo (\$)	Eoo	Paid (\$)	Mari	Itinla Danandı	360	180
	Extra Claims	Fee (\$)	1 66	raid (\$)		Itiple Depende (\$)	Fee Paid (\$	
		^			<u> </u>	141		4
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)				_
	·3 =	* = _						
3. APPLICATION If the specification		exceed 100 sheets	of naner	(excluding elect	tronically file	ed sequence or	computer	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY								
Signature	Om	<u></u>		Registration No. (Attorney/Agent)	36,984	Telephone	(617) 43	9-4444
Name (Print/Type)	John J. Penny			(Automekiwilan)		Date	October 2	
L	<u> </u>			_				·

hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 654389072 US, in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 28, 2005

10 (Nicole McKinnon) Signature:

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U.S. Patent Under the Paperwork Reduction Act of 1995, no persons are required to respond to a coli	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a	
FY 2005	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

OCT 2 8 2005

Docket Number (Optional) 59795 (47793)

Application Number	10/649,296-Conf. #5390	Filed	August 26, 2003

Application Number	10/649,296-Conf.	10/649,296-Conf. #5390		August 26, 2003		
For DATA TRANSFERRING APPARATUS AND LIQUID EJECTION APPARATUS						
Art Unit 2182			Examiner	J. R. Knapp		
This is a request under the identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
X One month (3	7 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity F \$60	<u>ee</u> \$ 120.00		
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		
Three months	(37 CFR 1.17(a)(3))	\$1020	\$510	\$		
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105 . I have enclosed a duplicate copy of this sheet.						
	licant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or agent of record. Registration Number						
x atto	rney or agent under 37 Cl	FR 1.34.				
R	egistration number if acting u	nder 37 CFR 1.34	36,984	·		
	11/		Oct	ober 28, 2005		
	Signature			Date		
	John J. Penny		(6	17) 439-4444		
T	yped or printed name		Tele	phone Number		
NOTE: Signatures of all the inv than one signature is required, s	entors or assignees of record of the see below. 1 forms are submi		esentative(s) are require	ed. Submit multiple forms if more		

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Dated: October 28, 2005

Signature:

11/02/2005 WABDELR1 00000027 041105 10649296